

DOCUMENT RESUME

ED 379 893

EC 303 767

TITLE Reauthorization of the Individuals with Disabilities Education Act: Issues and Perspectives. Policy Forum Report (Washington, D.C., September 22, 1994).

INSTITUTION National Association of State Directors of Special Education, Alexandria, VA.

SPONS AGENCY Special Education Programs (ED/OSERS), Washington, DC.

PUB DATE 22 Sep 94

CONTRACT HS92015001

NOTE 61p.; Prepared by Project FORUM.

PUB TYPE Collected Works - Conference Proceedings (021)

EDRS PRICE MF01/PC03 Plus Postage.

DESCRIPTORS Change Strategies; *Disabilities; *Educational Legislation; *Educational Policy; Elementary Secondary Education; *Eligibility; *Federal Legislation; Government Role; *Noncategorical Education; Opinions; Policy Formation; Special Education; Student Evaluation

IDENTIFIERS *Individuals with Disabilities Education Act; National Association of School Psychologists; Reauthorization Legislation

ABSTRACT

This document describes a policy forum convened to consider the reauthorization of the Individuals with Disabilities Education Act (IDEA). The forum focused on three critical issues: (1) categorical eligibility, (2) initial assessment, and (3) triennial assessment. For the topic of categorical eligibility, comments are summarized in five sections: comments in support of elimination of the categorical approach; comments opposing change at this time; comments supporting revisions within the categorical approach; general comments related to eligibility; and state specific comments. Comments concerning assessment and triennial re-evaluation are also excerpted from the forum discussion. A summary statement by Tom Hehir, Director of the Office of Special Education Programs, Department of Education, cautions that these issues be looked at holistically and that the total system including better personnel preparation must be examined. Appendices include a participant list, the meeting agenda, a paper titled "A Study of the Three Year Reevaluation Process" by Lucian Parshall and James R. Nuttall, and a position statement of the National Association of School Psychologists. (DB)

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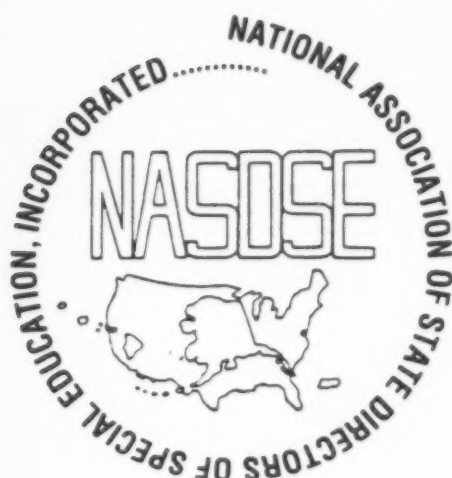
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POLICY FORUM REPORT

REAUTHORIZATION OF THE

INDIVIDUALS WITH DISABILITIES EDUCATION ACT:

ISSUES AND PERSPECTIVES



Convened on September 22, 1994
at the
Capitol Holiday Inn, Washington, D.C.

by
Project FORUM at NASDSE

for
The Office of Special Education Programs
U.S. Department of Education

EC 303 767

This report was supported in whole or in part by the U.S. Department of Education (Contract No. HS92015001). However, the opinions expressed herein do not necessarily reflect the position or policy of the U.S. Department of Education, and no official endorsement by the Department should be inferred.

TABLE OF CONTENTS

I.	PURPOSE AND ORGANIZATION OF THE MEETING	Page 1
II.	OUTCOMES OF THE MEETING	Page 2
	Discussion Concerning Categorical Eligibility	Page 2
	<i>Support for elimination of the categorical approach</i>	Page 2
	<i>Recommendations against change at this time</i>	Page 5
	<i>Suggestions for revisions within the categorical approach</i>	Page 8
	<i>General comments related to eligibility</i>	Page 9
	<i>State-specific comments</i>	Page 12
	Discussion Concerning Assessment	Page 13
	Discussion Concerning Triennial Re-evaluation	Page 14
	Closing Summary	Page 16
	APPENDIX A: Participant List	Page 17
	APPENDIX B: Meeting Agenda	Page 20
	APPENDIX C: Michigan Re-evaluation Study	Page 22
	APPENDIX D: NASP Presentation and Position Statement	Page 23

POLICY FORUM REPORT
REAUTHORIZATION OF THE
INDIVIDUALS WITH DISABILITIES EDUCATION ACT:
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I. PURPOSE AND ORGANIZATION OF THE MEETING

This policy forum was convened to continue constructive national dialogue on critical areas of IDEA including, 1) initial assessment, 2) triennial assessment, and 3) eligibility determination. These three issues were among those that surfaced most frequently in a series of meetings conducted around the country over the past year by Dr. Thomas F. Hehir, Director of the Office of Special Education Programs of the U. S. Department of Education.

The goal of the policy forum was to help establish the validity of the issues and to explore the possible alternatives to existing policy and practice. To accomplish this goal, an expert group was assembled representing a variety of perspectives and experience. Dr. Hehir led the discussion and opened the meeting with a statement of the purpose. Participants were invited to discuss three specific topics: determining eligibility for special education, the instructional relevance of special education evaluations, and the value of triennial re-evaluations. Input from those who have a lot of experience in the field is an essential component for the Department in their deliberations on proposing revisions to IDEA. The date to have a proposed bill to Congress is January or February, 1995, so decisions must be made now. Many meetings have been held throughout the country, and this is a continuation of that dialogue. We need to look at what has worked and not worked and promote the things that do work.

One issue that has been at the forefront is eligibility. Every reauthorization in the past has added a category or two or changed labels. Now, one of the criticisms of our current system is the degree to which special education is driven by categories. One point being made is that the categories are not valid scientifically. Conflicting suggestions have been made concerning eligibility: include more categories, use fewer categories, have no categories, collapse current categories. We need to have a general discussion on this point now.

II. OUTCOMES OF THE MEETING

Using a laptop computer, Project FORUM staff recorded notes on the discussion throughout the meeting. The final version of the notes included here reflects a clustering of participants' comments into groupings under components of the three major issues discussed during the sessions.

The discussion covered three main topics: **categorical eligibility, assessment, and triennial re-evaluation.** Because of the many and varied comments on eligibility, notes for this topic are clustered into three sections: *comments in support of the categorical approach, comments opposing change at this time, comments supporting revisions within the categorical approach, general comments related to eligibility, and state specific comments.*

Discussion Concerning Categorical Eligibility:

Comments in support of elimination of the categorical approach:

- There may not be consensus about where we are going, but there is consensus about the labelling process as a problem. The incredible number of evaluation components regardless of the child's problem is unnecessary. There is no relationship there. Once labeled, the child goes to a teacher who has others with that label - this makes no sense. Is there consensus that this does not work?
- We need to frame this question. 30% of kids have difficulty learning to read. We need to invest in them - look at this as a problem in instruction and not a problem in the child. There will always be some children who have significant instructional needs for a more intense program. Each child who is called mentally retarded is not the same as each other one with that label. This has caused serious problems for the field. Categories are creating problems that are serious enough to do away with them. We need to eliminate categories completely or maybe move toward the usage in Part H.
- As a parent, I would like to see us get rid of labels. Labeling students in schools is harmful; it drives low expectations and commensurately fewer opportunities. Labels have been viewed as a protection; we need to redefine protection. I believe that the best protection comes from being in the depth of a community in which people are valued. We need to restructure and redefine special education beginning with the assessment process. The assessment process should look at the mismatch between the expectations of the environment and the child's performance. We have to

get rid of the medical model: to diagnose and prescribe is not what we need. We do not need to have everything in place before we change. We become proficient by doing. We know that the system is not working now. We need to redefine special education as a series of support services available to ALL students, some of whom may indeed need interventions that constitute specialized instruction.

- We need to place more emphasis on general education and its characteristics. Reading is a function that a child may or may not perform but a child should not be classified on that basis. There are schools where ALL the children read and there is nothing unique about those schools. It is a quality of instruction and expectation. One of the problems of the categorical structure is its focus on the client and not on the weaknesses of the system. Needs help/doesn't need help is all the classifying we need to do. We need to see what should have been done by the system for those children who do not read by 3rd grade. Teachers are fully capable just as the kids are - they have been instructed in the wrong way to do their job of teaching reading.
- When students are labeled, expectations are less so a promise comes true - they do less and they perform less. What we need to do is design a qualitative system in which all youngsters are provided with the services they need for success.
- These issues of eligibility cannot be discussed well in isolation from issues such as monitoring, etc.
- When children stay in the common core curriculum, they tend to do better. Data show that, when students are a minority and get labeled, they are twice as likely to be separated out of the common core of curriculum than if they have the same label and are not a minority. Adaptations are made for some LD children and not for others. By separating, we are doubling the problem. The term we use is educationally cheated. A lot of children are placed in LD and SED programs not because of how they learn but how they behave or the color of their skin. The decisions that teachers make have little to do with reading. I don't believe parents want special education, but they want the modifications and intense special services that are supposed to come with special education.
- We need to get away from categorization and move to a functional classification - bring the process closer to the cornerstone of special education which is the individualized plan. We have a prototype in Part H. There should be some consistency - we can identify the domains as in Part

H and then we would have consistency in looking at discrepancies that require attention. The notion of being eligible is essential. With a functional approach, we would have a number of dimensions along which children would become eligible for services. If we keep the categorical system for kids, we have to have the same categories for teachers. But, teachers should be trained on the basis of functions.

- We have not had a taxonomy in special education. If we are going to use some kind of system, there should be a greater correspondence in the way we look at children and the services we will provide. We should use a functional assessment and not the need to establish a label for the child. We should move away from categories, but not lose the way we classify children to make them eligible for services. In IDEA, we took the language of disability, but we did not translate that into practice.
- Categorization is used for financial accountability, not to plan instruction. It is more important to decide who is the best teacher to serve a particular child for the best outcomes regardless of the teacher's label or the child's. Auditors will want to know about eligibility and not what is best instructionally. Pressing for non-categorization is needed to get the best intervention for children.
- Whatever changes we make must result in improved service delivery and must be needs-based rather than based on categories. Of course we have to tie it to something to get funding, so we should link funding to services.
- We might consider using the definition of disability under Section 504. People do not think automatically about 504. We should be using it more creatively. At the same time, we are cannot throw away protections and standards now in special education under the IDEA. The 504 discrimination standard (right of students with disabilities to the same benefits other get) is appropriate in some contexts (e.g., educational outcomes, expected goals), but does not provide students with disabilities the same entitlements and protections as exist currently under IDEA and its regulations. Until LEAs understand what is meant by special education, it is premature to eliminate categorical definitions.
- Some states still use categories for 3 to 5 year olds. Those identified as speech impaired get largely articulation as intervention. When they get to 3-4th grade, the bulk are redefined as LD. They probably were not speech impaired and were probably LD to start with, but the service they got was articulation because this is what speech therapists do with that age group.

- Now, eligibility is tied to a category and we are preoccupied with between-child differences. We need eligibility criteria based on within child differences. The issue is not whether the child is impaired, but rather whether the child has difficulty reading. Let's make the eligibility related to what the child is actually doing. There is a need for a functional system. If we look at a more functional system, we will not have so many problems in transition.
- A class in a low income area scored best on a state test. This class had been re-structured to bring supports needed for successful instruction. The teacher is with the group of students for multiple years - they had lots of books - they had computers and used weekly portfolios - they had every kind of material that was authentic - interdisciplinary - even the psychologist had to know about reading - an interagency model was used - 18-20 kids with one teacher and one paraprofessional. We know what has to be done if we want to do it. An optimal learning environment needs to exist without labels - it succeeds when there is a teacher who knows a lot about teaching.
- We must start with a shared vision or we will have even more fragmentation than we have today. I believe that we must recognize that there are abuses in the present system and try to put something better in place. Time is of the essence and doing nothing is the worst thing we could do. Students with disabilities are like canaries in the coal mine - they reveal the inadequacies of the system. We need to move away from the medical model to a needs-based system.

Comments opposing change at this time:

- It may be premature to consider eliminating categories. Ultimately, categories done correctly can be very helpful. If a classification means the same thing to everyone and provides appropriate services, it can be very useful. However, many special education labels like learning disabilities (LD) are not like this. LD came into being to take care of those who did not fit existing categories. We haven't done categories correctly. We do know a lot about function. We are getting some wonderful new research on reading and behavior. We know that slow learners and very bright kids who read poorly do so for the same reason and need intensive instruction and we know how to do this. We see longitudinal data on this - there may need to be some differential instruction also. In a few years, there should be good data to support these ideas. Perhaps we should not move to a non-categorical system at this time. What would it take to prepare

individuals to work in a non-categorical system? Our teacher data is totally inadequate.

- We know that if we do not get to kids early, we lose them for life. Categories prevent getting to them early, so it is categories that are the problem. If we intervene early, who is going to do it? A non-categorical system could cause advocacy problems. A well founded recommendation to be non-categorical is compounded by multiple levels of policy problems, especially personnel preparation - we do not have the programs in place to prepare teachers for this.
- LD advocates are not concerned with what a child is called, but they fear that the absence of a label will bring malpractice. How many teachers know what they are doing in reading? 10% or less.
- The use of categorical definitions as a condition of eligibility was intended as a protection - designed to protect minority poor and minority children from being misclassified. We need to deal with what is special education; it is not a "place" based on a categorical label. The main problem has been misuse of diagnostic labels to limit programs and placements. Massachusetts has placement prototypes, but they do not resolve the problem - a lot of kids are identified who should not be, and many are placed in unnecessarily restrictive placements on the basis of the Massachusetts prototype. The basic problem is not the label or prototype per se, but the failure to provide "specialized instruction" to meet the needs of all students in the least restrictive environment.
- There are serious problems in totally throwing out labels prematurely. Teachers' preparation is a serious barrier. We cannot let the conclusion be drawn that all the teacher needs is a course in TLC (tender loving care). Sometimes "non-categorical" gets interpreted as there are no special skills needed for teachers, and then teachers will be even less well trained. We know that 80% of the children who get a LD label have a deficit in reading, so it is inappropriate to certify teachers without preparation in reading.
- Part B should not be opened because of the current climate - we could have a loss of protections for children. LEAs across the country are not ready for a change to non-categorical eligibility. Special education is still seen as a place. A lot of the work of special education is just beginning to get the entitlement to least restrictive environment implemented. There is much concern about even opening up these issues. Even if we were to use the 504 definition of an individual with a disability, we do not want to give

up the protections of IDEA. Equal protection is not enough. We have to be very cautious.

- We should not have any more categories or any fewer. Each state should have a say in how the federal law is carried out. The funding should NOT be based on the numbers in categories. Give the states the dollars and let them do what they think is best for their students. It is very exciting what professionals can do when they work together. Special education teachers are finding themselves in the general classroom and they are working together with all the other teachers. Anything Washington can do to break down the barriers for professionals to work together would be helpful. We have to deal with the reality that people are concerned with special education and there is a lot of backlash going on. States need flexibility to do what they need to do.
- The real issue is that eligibility has too infrequently led to obtaining what the student fundamentally requires to succeed.
- People are very nervous about this and we may not be able to take the big steps. We should do nothing right now with the following caveat: for the next while, we should fully fund and carefully monitor certain studies around certain issues such as urban settings, teacher training changes, etc. Maybe this is not the time to do this right. We could pilot a lot of the good ideas and then decide on changes.
- I don't think we have studied all those issues in some of the changes now in place. For example, we should let VT do what it is doing and fully fund it. However, that would be against the law - maybe we need an amendment to allow this.
- The suggestion of non-categorical until age 8 is an attractive suggestion, but what happens at age 8? If we are going to commit to the change, should we do it all at once? That may not be practical. We still need to know that there is someone trained to provide instruction based on the child's needs. How do we support teacher training to prepare teachers to work with children?
- The current system is discriminatory against those who need preventive treatment. But, the field is not clear about what should be put in its place. If we throw out the discrepancy formula, some children will not be served because they will not appear to be low achieving. The requirement that children fail to meet a discrepancy formula is the ultimate negligence. We need some kind of funding mechanism that will allow us to do preventive

services. We need to open up what is happening with our K-2 population because we can trace the problems of our adjudicated adolescents to what happened to them in K-2. There should be dollars that come from a variety of sources for K-2 preventive services.

- The reason that we are considering change is because parents are concerned that their children's needs are not being met. Until you start to raise the level of trust and show that success is possible, advocacy groups will continue to fight for the categories and we will still have negative public perceptions. How we do this is not so easy, but maybe we need a few very bold initiatives undertaken to show how it can work. If this is visible, success will encourage people to buy into it. Marketing is the name of the game. We have to show success and the need for labels will go away. Parents feel that what they have may not be working, but it is all they have and they will not let go of it.

Comments supporting revisions within the categorical approach:

- It has been recommended that labels not be used in K-3rd grade.
- The younger the kids, the fewer the categories that should be used. This is much more effective for prevention and early intervention. To avoid overrepresentation, more judgments can be made as students get to adolescence.
- What about kids who get the label LD? They typically go through years of school failure and often the problem is learning how to read. The LD category effectively excludes them in the very early years when they need the service the most and when we can be of the best service to them. It is said that learning to read is general education's responsibility. We need to look at the first 3 grades better than we do. Ultimately, the majority of children we later serve are not in our attention at that level. We have a structural problem - we are not loading our resources where they can be most effective for kids. We have a problem with the discrepancy definition - we have nothing better to replace it with to allow us to get to the 6 year olds who need help. Maybe we need to have a more non-categorical approach up to the 3rd grade so that we can put a greater resource load there. We must address this problem.
- We should begin to look at three categories - MR, LD and Speech - and treat them as one generic category. We also need to look at teacher training - not setting a federal certification, but assuring some consistency.

General comments related to eligibility:

- IDEA was passed at a different time - children were excluded from school and there was a need to emphasize the process of getting them served. Now, there is an important shift from process - not to do away with it, but to de-emphasize it and look at product. States are driven by the federal requirements. The federal level needs to lead toward this emphasis on accountability and authentic assessment. States are trying, but the federal level must support and provide the leadership for this new shift.
- We need to start with the end in mind - how we would like the education of children to be. As long as we feed a separate system, we will always have our problems such as LRE. We need to expand the capacity of general education. Money is an issue also. At least we need to stop asking people to do things like the data report that is now required. We need to focus monitoring on seeing how things work instead of the way it is done now. We also need to tie into Goals 2000. We should look at some non-headcount version of distributing funds. We have not affected the regular education system in their ability to accommodate students with diverse needs. We need to make sure that students with disabilities are included in all assessments.
- The quest is not to define discrepancy, it is to find intervention that works. When a successful intervention is found, we should look to see what provided that success and that is "specialized instruction."
- As a theme, early intervention is common. Currently, we are forcing children to fail first and we are not considering the emotional consequences of this. How we manage to avoid this is a problem.
- The difficulties we are facing are multi-level. Assessors do not know much about the teaching of reading. We have never taken the time to find out how to predict who will have trouble learning to read and how to identify those children. You can change categories, but that is not the important issue.
- In early childhood, we often have the least prepared staff and it is no wonder that some are not prepared to function in school because they are not taught - they are fed, etc. but not prepared for school. There is no reality in the expectations of the early childhood system. A survey of entering kindergartners revealed that 53% did not know their first and last name. However, it may be a matter of their not having demonstrated that knowledge in the situation.

- Emphasis has to be on many things over a lot of time to bring about effective change - teacher training, inclusion, restructuring finance, etc. - it is not one simple change.
- Sometimes special education is looked at as a dead-end place. But in some places, some of the highest SES suburbs have the highest number identified.
- We must not lose the rights we have now. As long as their child is doing well, most parents do not care what the process is to make that happen.
- We do longitudinal studies - we have data about labels - some say once you are labeled, the expectations are lower. Others say that it helped them have an explanation for why they were not learning well. Others say even without a label they are called stupid or other pejorative terms.
- It is not where the child is taught, it is HOW the child is taught. What are the conditions that need to be in place for any of these options to work? Categorical issues are a red herring. There is parental belief that special education will help their children. We have to begin with simple data collection before we can decide on these issues.
- Chapter 1 data and special education data confirm the belief that integration is important. Something happens when students are put in separate special programs. WHERE is both a legal question and a success question.
- It has been charged that where the money goes determines what happens. The fight for resources is fierce at the local level. It makes a difference what you attach money to and what you monitor.
- The issue of where instruction is delivered is not totally settled. We know that for low incidence handicaps, the general education setting provides much in the way of socialization. But, if we pull kids out for more of the same instruction that goes on in the class, why pull them out? We cannot separate the location from the nature of the instruction. Some studies show that a short pull out for very appropriate instruction is very beneficial. Quality control of instruction is the determination of benefit. Then, the better instruction should be moved into the classroom.
- Language is very important - we are still referring to education as a place - we focus on placement - can't we stop talking about putting kids IN special education? Parents and teachers are scared because we have boxed them -

certification has done this - we need to free teachers and parents from thinking that the only way they can get what their child needs is to escape from general education to special education. Sometimes there are higher numbers in high income communities to excuse the students from tests. We need to empower all stakeholders in the process. We often have only those with physical disabilities at the table when we discuss necessary changes - this is not enough. Very few children have their lives enhanced by any label.

- In most states, special education is not specially designed instruction, but instruction by someone who is certified in special education. There really has to be a look at what is meant by specially designed instruction - is it only the teacher who wears a label?
- To insure that teachers are well prepared, we need to define the skills teachers need in terms of functions. Do we want to continue to have some kind of requirements for teachers who do certain kinds of jobs? We need to be careful not to oversimplify what teachers need to know.
- We know that we need a pool of teachers who are appropriately trained to meet this need. If we start identifying children earlier and bringing them into a classification system in special education and the dollars do not change and the staff are not qualified, we are not relieving the problem. How do we accept the reality of a lack of success in reading as the indicator and use it and translate our research into practice? How do we link it into the Department's broader discussion around Goals 2000 and other areas?
- We have a lot of consensus that there are problems brought by categories. Also, this problem cannot be looked at in isolation. There is a real dissatisfaction on the part of our primary customers and we need to deal with that. There are financial disincentives to beefing up the general classroom. We have to deal with the financial problem and look at the issues comprehensively.
- There is not much going on in the interagency area. The problems outside of school are significant in students' lack of success in school.
- Cost issues and statistical reporting are difficulties. We give the wrong impression to "Joe Public" through what gets reported out. Federal regulations are crystal clear. State regulations are the killers. We should influence counties and LEA's to come up with innovative programs. This may be a time to engineer special education. The emphasis must be on the

children and their needs. We need to forget about building in adult levels of comfort. Issues of eligibility should focus on the entire instructional strategy. Why should education pay for services that are already available through mental health? We have to narrow the gap in achievement between general and special education. We have to look at what happens after we pump in money - evaluation.

- Those who wrote the law did not intend it as the stone tablets. We ought to take the opportunity now that we know more to fix what is wrong. Most parents do not know anything about their rights and their children often go unserved. Instead of training parents for dead-end jobs, we should send them to school with their kids as a key component of the school.
- Congress has said clearly to OSEP: Do something about the paperwork burden in special education. There is a lot of money spent for evaluations and holding meetings and a lot of paper generated around those activities. For example, nurses sometimes spend 90% of their time in IEP-related activities. Sometimes it is fear of litigation that makes schools perform certain activities. There is a perception in our own community that we have created this problem and layered the system with more and more paperwork.

State-specific comments:

- Pennsylvania has changed its paradigm. Previously, the first concern was finding the child eligible and selecting a category. But, the new approach turns this upside down. Now, the first step is finding out what the child needs and developing a program for that child in either special or general education. This decision is made at the local level. The last thing looked at is eligibility. If the child's needs are more extensive and require specially designed instruction, the a label is assigned because they are required. Attacking this problem from this paradigm shift, it would make more sense.
- Vermont is moving along the same line as Pennsylvania. A state law was passed providing that we look at special education only if we identify a need that cannot be met through the regular instruction system. This has been going on for 3 years and follow-up has shown that students have been doing well. There is a continuing problem fitting this system into the current federal data requirements. For example, it is impossible to assign a FTE to a Vermont teacher based on a label.

Discussion Concerning Assessment:

- Effective assessment is problem solving. It must be formative using multiple measures including asking parents what their children know. Assessment should be strength-focused, linked to interventions, and racially/ethnically appropriate. We have a law that encourages malpractice, and it must be changed.
- There is some data about the cost of an initial assessment in a study done in 1987. In 1985-6, the cost was about \$1,500 for initial assessment. In current dollars, it is probably well over \$2,000. We need to look at the cost-utility factor. That assessment only serves to classify and does not connect to interventions. It just insures that kids are eligible. At least this is true of traditional assessment measures. For example, curriculum-based measures are not validated for use in identification and cannot be used to establish eligibility even though they are effective for planning instruction.
- We have bad data - we assess in ways that have nothing to do with what we want to do in instruction. If we show connection between assessment and instruction and assure the necessary support, we can convince parents. We know how to determine a student's instructional level and then use it. Once we do this, other things will fall into place.
- We need an identification system that can look at students who are not functioning at levels they should be given their age, and then look at what the child needs in order to learn more. This leads directly into the services issue. We should identify need regardless of the reason for that need and assure that those who need services get them. So, we need a functional evaluation that looks at what children need.
- Collaborative problem-solving is a process (a basic approach) for systems change as well as individual student assessment. Participating school systems throughout Ohio are in their third year of trying this approach in place of traditional or standardized testing. The assessment approach is where we need to put the meat. It should be one of collaborative problem solving to support ALL children. It is essential that whatever is done, we hold harmless those states that are doing wonderful things to move toward this vision.
- The multi-dimensional assessment takes a level of expertise that is not common. In fact, it takes more expertise than just doing an IQ. So, assessment should be done by personnel trained in that area. The discrepancy formula should be abolished and replaced with a resistance to

intervention concept. Intervene at the instructional level - if that is discrepant from what general education can provide, then the child should receive special education. How can we compel or encourage a school to intervene before the special education evaluation? The law already supports this, but it is routinely ignored (Reg. 300.521 "when provided with...") But, there is nothing in the law that compels the school to look at every first grader to be sure they are succeeding in learning to read. We need to think of childfind differently. Given our definition of LD, a K-1st grader could not be eligible. But, there is nothing to prevent a state from defining discrepancy differently.

- I believe we are moving and must continue to move away from the "expert" model to support children in school. We now recognize the value of input from all stakeholders involved with the child/student. We know that parents, teachers, etc. should provide equal input, not just a psychologist.

Discussion Concerning Triennial Re-evaluation:

- Re-evaluation should be a service - as-needed and not time-driven. We monitor on the basis of a date - it gets done to be safe for monitoring and it has nothing to do with the child's needs.
- Program evaluation must demonstrate effectiveness. Alternative assessment methods can demonstrate this. Where assessment drives the IEP, the child can be re-assessed any day.
- If we move to something that is not time-driven, but at other points like transition times, will we lose some protections? The current requirement is at least a basic protection especially for those parents who do not know their rights.
- There is no evidence that re-evaluation has been a protection for anything. Looking at whether the program meets the child's needs and continues to require special education is a better protection.
- The IQ test is not valid for placing children into special education programs nor for re-evaluation.
- We are so legalized and we must follow the specifics as stated. Maybe we should de-couple the re-evaluation from eligibility. Can we do small samples of a child's behavior and make valid conclusions about eligibility for special education?

- A yearly determination of whether a child needs continued special education is much more valid than a brief test every three years.
- The parent must have the same rights at the annual meeting if that is used instead of the 3 year re-evaluation.
- What about the school that wants to do the least it can for whatever reasons? There has been a good reason to have consent agreements for some districts. It is obvious that a lot of what is done at 3 year evaluations is a waste of time, but there is a quandary in being sure that the right thing happens. The regulations drive this and it is necessary. We want to be talking about kids and what they need rather than what is wrong with the child.
- One suggestion is looking at the instructional problem at transition times such as moving from elementary to middle school. Maybe we need to tie re-evaluation to natural transition points.
- But, sometimes the student doesn't need an evaluation at a transition point, and we shouldn't do an assessment that a child doesn't need.
- Triennial assessments are not needed to prove that a student is still retarded. This is not instructionally relevant. In fact, it is harmful. Good assessment is ongoing and continuous. If we can entrench this approach into the law, the problem is moot.
- We need to look at the concept of "permanent disabilities." Why get into the discrepancy if LD is a permanent condition? The discrepancy does not usually go away.
- The Michigan study data shows that some significant information is picked up by the re-evaluation. {See Appendix C for a copy of the Michigan study presented to the group by Richard Baldwin, State Director of Special Education.}
- The problem, again, is the implementation and not the requirement for re-evaluation. The regulation does not talk about re-evaluation solely for eligibility, but explicitly references the need to assess the child's educational needs at least every 3 years. The requirement is a safeguard for children to ensure that their educational needs are being met. The evaluation data should be the centerpiece of educational planning including the extent to which services need to be changed. The current regulations do not preclude the use of a collaborative problem-solving approach,

requiring that no one test may be used, and that evaluation and assessment data be drawn from a variety of sources.

- We could re-evaluate every year if we want to, but no one is recommending doing away with it completely.
- There is no need for a psychologist to go off and test a child and write a report that no one will read. {See Appendix D for a copy of the overheads used by Kevin Dwyer in a presentation to the group on assessment and eligibility.}
- This may be an issue that needs dissemination of good guidance for practice rather than legal change.
- Actually, it is against ADA to re-evaluate a child every three years to determine if s/he is retarded.

Closing Summary:

Tom Hehir concluded the meeting with a brief summary. He noted that ESEA has looked at the incentive system in federal law. We have to see that we are not giving the wrong message by our incentives. There is an interest in moving away from the level of categorization we have now. However, there are concerns including political considerations of whether we should now be laying the groundwork for a change at the next reauthorization.

On the issue of eligibility, Dr. Hehir cautioned that there is a real concern that we not look at this process in an isolated fashion. Different states have different cultures and practices that must be considered and we must recognize this. At the same time, this is a federal entitlement and parents should not get something different when they move from one state to another. There is a view that ongoing assessment can be very beneficial for a child when it is linked to instruction and involves those who are working with the child. We must reinforce this concept. Department staff have heard many different views on triennial re-evaluations and we have to take a close look at it. What we have heard today has helped us to frame these issues. We share a conservative view of Part B and we feel strongly that what we monitor and encourage through technical assistance should be informed by 20 years of implementation experience. Lastly, we must address the encouragement of better personnel preparation. We have to look at the total system and the competence of those working with students with disabilities as a primary concern that must be considered in the context of any other change we make. Our goal is to make the IDEA, a fundamentally good law, into an even better one.

APPENDIX A: Participant List

**Project Forum - Reauthorization
Participants List**

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APPENDIX B: Meeting Agenda

AGENDA

POLICY FORUM on Reauthorization of IDEA: Issues and Perspectives

SEPTEMBER 22, 1994

Thursday, September 22

8:30 - 9:30	Breakfast
9:30 - 9:45	Welcome and Opening Remarks <i>Judith Heumann, Assistant Secretary, OSERS</i> <i>Thomas Hehir, Director, OSEP</i>
9:45 - 11:00	Determining Eligibility for Special Education
11:00 - 11:15	Break
11:15 - 12:30	Determining Eligibility for Special Education
12:30 - 1:15	Lunch
1:15 - 2:30	Instructional Relevance of Special Education Evaluations
2:30 - 2:45	Break
2:45 - 4:00	Value of Triennial Evaluations
4:00 - 4:30	Summary and Next Steps

APPENDIX C: Michigan Re-evaluation Study

A Study of the Three Year Reevaluation Process

Lucian Parshall, Ed.D.
James R. Nuttall, Ph.D.

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JAMES R. NUTTALL, Research Analyst, Office of Special Education, Michigan
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A Study of the Three Year Reevaluation Process

ABSTRACT An investigation was conducted to determine the human and fiscal resources, effectiveness, as well as, the outcomes of implementing the three year reevaluation and multi-disciplinary team process. Surveys of teacher consultants, school social workers, and school psychologists, yielded a sample of 640 students on which a descriptive analysis was performed. Results suggest that the reevaluation process has minimal impact on any major changes that may occur at an IEP, is positively viewed by three groups of diagnostic staff, consumes a varying amount of time and is costly depending on the specific disability. Questions relating to the overall investigation of existing special education regulations are raised.

INTRODUCTION

Special education is frequently compared to a black hole—once you enter the event horizon, there is no escape. There are similarities—once students are labeled, they frequently continue to be 'handicapped' until they exit school. Despite continual questioning of the efficacy of special education, very little has altered the journey that students follow through the delivery system. It is a generally held belief that *reevaluation* was legislated to keep check on the mechanical nature of special education. Section 300.534 of the Individuals with Disabilities Act (IDEA) states that every three years (or upon request), a student who receives special education support must be reevaluated by a multi-disciplinary evaluation team (MET) and have the results available at the student's Individualized Educational Program (IEP). The justification most frequently used for the rule is the need to redetermine whether the student is still eligible for special education programs, and if so, are different accommodations in order (i.e., medical interventions or rehabilitation) that should change the original decisions made by the planning committee. The intent of Section 300.534 appears to be that, once every three years, the educational delivery system will stop long enough to examine the original eligibility, program, and placement decisions regarding a student. Upon examination, subsequent decisions could be made that might: declassify the student (find no longer eligible), enhance instructional practices, reclassify the student (change categorical label), or modify the least restrictive environment (LRE) when necessary.

Studies of Michigan's handicapped population found that approximately 6% of its students are declassified annually and returned full time to general education. Follow-up activities over a four year period (1990 to 1993) on Michigan's students resulted in data on 9,043 students. Follow up surveys are conducted one year after they returned full time to the general education classroom. This study found that a greater positive adjustment occurred with students the younger they

returned and the more quickly they were returned to general education. The greatest percentage of declassified students who transitioned back to general education were students with speech and language impairments (65%), followed by students with learning disabilities (23%), and with emotional impairments (7.5%). The highest rate of declassification occurred at age 9 with a 13% rate of return (Parshall, 1991). While declassification studies add to the general picture of the flow that handicapped students follow as they matriculate through the delivery system, they do not provide a full picture, nor do they provide any information relating to the impact that the MET process has on declassification. However, reclassification studies can add further information to the established placement practices that are built in to the delivery system.

A reclassification study of Michigan's 172,815 handicapped students found that 67% continue to receive special education programs or services the following school year. When students were tracked over a three year period (1989 to 1991), a total of 10,541 students or 11.9% were found to be reclassified with a different categorical label. In this study, Parshall & Nuttall (1992), found that:

1. There did not appear to be any relationship between reclassification and a student's age, transfer from elementary to secondary buildings, gender, ethnic group, or disability area. Reclassification most frequently occurred when there was a change in the students program or service.
2. When reclassified, the student did not appear to progress toward a more mild handicapping condition (i.e. trainable mentally impaired to educable mentally impaired or educable mentally impaired to learning disabled).
3. Reclassification caused an increase in the learning disabled population. Over the period of study, 4,568 students were reclassified into the category of learning disabilities.

Overall, when examining the stability of the primary handicapping condition (PHC) over a three year period, the study also found that from year to year there was relatively little movement from one special education category into another. One would certainly expect this to be true of the categorical areas that involve a physical impairment; hearing impairment (which was 95.5% stable), or visual impairment (91.3% stable), such physical conditions are not expected to change much over time. Somewhat surprising, was the 95.5% stability found in the learning disabilities category, particularly since this category is arguably based upon more subjective assessment procedures than those used to document a sensory impairment. For students who were reclassified, the results continued to suggest that their PHC was changed because of programmatic/instructional variables – not from a federal regulation created to keep check on the classification process once every three years. While the impact of the reevaluation process on reclassification remained unclear, the study raised several questions: *If declassification and reclassification rates appear to be so stable, why should the educational system conduct reevaluations every three years?* Component questions included: What was the value of

reassessment? Does the reevaluation/MET requirement actually have any impact on the declassification or reclassification of students? How often was new information uncovered and applied to the student's program or service? How much staff time was spent by members of a MET to perform the reevaluation? Can funds be justified in a time of reduced fiscal and human resources? Are there policy implications relating to the usefulness or impact of reevaluations? A search for the answers to such questions revealed the need for a study that would further explore the question: "Are, and if so, why are three year reevaluations needed?"

To question whether the MET is a reasonable practice is past due. Particularly because it is based on a regulatory process that has continued since 1977, with remarkably little examination into its purpose, or effectiveness. A review of textbooks used in current special education courses lack historical reference, or an explanation of the intent of the reevaluation process. Only recently was the consistency of the MET membership found to be a significant predictor of change in a students program (Halgren & Clarizio, 1993). Historical information is meager.

A review of information located in the International Council for Exceptional Children (ICEC) archives indicate that in June, 1976, the Bureau for the Education of the Handicapped (BEH) convened several panels of special education stakeholders from across the country whose task was to develop a first draft of the federal regulations (P.L. 94-142). The seven Regulation Input Teams (RIT) as they were called, were scheduled to meet from June through August, 1976, at which time the first draft of the regulations were scheduled to be completed (BEH, 1976). The section of the proposed rule relating to the MET and reevaluation were assigned to one specific RIT, that focused on the due process and non-discriminatory testing sections. While documents did not show any discussion or specific concern relating to the reevaluation section of the actual statute (OE/BEH/ASB, 1976), verbal history of this team shows that discussions centered on the age of acceptable educational assessment material. The age of assessment material was a particular problem because of dated evaluation reports from mental health agencies, whose clients would now be eligible for special education (Interviews conducted with Dr. Fred Weintraub, CEC, Director of Information Services, 1993 and Dr. Alan Abeson, ARC, Executive Director, 1992). A second concern among the RIT, was the overall independent evaluation procedure. These concerns related to credentials of the independent evaluators, the legal weight of the external evaluation, and due process protections.

In the First Consolidated Draft of Proposed Regulations (OE/BEH/DAS/ASB, 1976, p. 70), the section on reevaluation (§121a.433) had one comment that questioned whether the reevaluation should be scheduled as needed by the IEP. It is also worth noting that the language in the first draft had reevaluation being "conducted every two years" (p. 70). In ICEC's prepared response to the BEHs first draft, ICEC was concerned that a "number of the provisions provided through the RIT process were eliminated" (CEC memorandum, September, 1976, p. 12). However, in the same memo ICEC suggested that the language contained in Section 504 be adopted in the subsection that

related to evaluation procedures (p. 13). While there is no record of the second or third draft of the proposed regulations, ICEC's response to the third draft indicated that all issues relating to evaluation were basically resolved, except for insertions of the word 'independent' in specific areas of the proposal where it was missing (CEC memorandum, November, 1976, p. 5). By the time of the fourth and final draft of the proposed regulations, the language relating to reevaluation indicated that it was to be "conducted every three years" as stated in the statute and Section 504 (CEC, undated, p. E-15). This point is reinforced in the comment section of the proposed rules which states that, "A decision was made by the Office of Education to adopt the evaluation procedures in the proposed regulations under Section 504 of the Rehabilitation Act of 1973" (Federal Register, 1976, p. 56972). It appears that as input into the first set of regulations progressed, there was a general shift away from an interpretation of the intent of the rules back to statutory language in the original act or in Section 504. No discussion of the value, need or impact of the MET could be found in the archives.

METHODOLOGY

A descriptive evaluation approach was selected for this study to further define the parameters of an issue that has yet to be fully explored. This approach will provide a base on which more specific research problems can be formulated.

Design

The data collection items used in this investigation were formulated in response to three research questions which guided the study:

1. What are the fiscal and human resources involved in the three year reevaluation process?
2. What are the levels of implementation and value of the MET/IEP process perceived by three groups of diagnostic staff?
3. What are the outcomes of the MET process with regard to the reclassification, declassification, or modification of the students program?

A survey was developed and piloted prior to distribution. Questions were revised and biases removed. Participants received a personalized letter explaining that the study was being conducted to provide a clearer picture of the educational resources used in the three year reevaluation process. Participants were asked to respond to each question based upon their two most recent student reevaluations they completed. Because the study was conducted in the fall of 1992, participants responded to students who were reevaluated during the previous school year. The survey focused

on questions that addressed the student's PHC (before and after MET), use of the MET report, reason for conducting a MET (§300.534(b) of IDEA), length of time the evaluation took, number of participants on the reevaluation team, salary and experience of each respondent, and perceived value of the three year reevaluation.

Participants were mailed a single page survey consisting of seventeen questions and were given ten days to respond using a stamped, self-addressed envelope. This method produced a 71% return rate; no follow-up of non-respondents was deemed necessary.

Staff Participants

In 1992, the state of Michigan had approximately 18,000 special education personnel serving its 175,464 students with disabilities. The most frequent educational staff involved in the diagnostic process are school psychologists, school social workers, teacher consultants, and speech therapists. In Michigan, teacher consultants are minimally credentialed with specific consultant competencies, three years of classroom experience, and a master's degree. School psychologists, school social workers, and teacher consultants are primarily involved with students who are placed in classroom/consultant programs. Under Michigan's Administrative Rules (R340.1701a(e)), these three groups of diagnostic staff, along with the classroom teacher, are required to participate in the MET process. Other medical specialists are frequently required on a MET when physical disabilities are evident. Professionals who provide related services to students with disabilities; i.e., speech therapy, physical therapy, or similar support were not included in this study.

The study was conducted between September and November, 1992. A random selection of 15% from each of the three groups of diagnostic staff were used. The study limited its focus of the reevaluation process to classroom/consultant programs and excluded related services due to financial considerations. The participants were chosen from 575 local educational agencies and 57 intermediate school districts. The sample yielded 169 teacher consultants, 123 school social workers, and 156 school psychologists. The Michigan Department of Special Education's personnel database was used to identify the sample populations and merge a personal invitation to each participant. The return rate for the surveys were:

Groups of MET Staff:	Number Surveyed	Number Returned	Rate of Return	Percent of Sample
Teacher Consultants	169	115	68.0%	35.9
Social Workers	123	107	86.9%	33.4
Psychologists	156	98	62.8%	30.6
Total	448	320	71.4%	100.0

Student Sample

The majority (58%) of participating staff were experienced evaluators with 12 or more years of experience, which ranged from 3 to 21 years. The 320 participants produced a cohort of 640

students in twelve impairment areas for analysis. A majority (69%) of students in the study were male. This is similar to the overall handicapped student population in Michigan, which is 68% male and 32% female. Ages of the cohort ranged from 2 years of age to 25 years of age. The mean age for the group was 12.4 years. This is slightly higher than the mean age of the overall population which is 11.2 years of age. Nearly 40% of the reevaluations reported by participants occurred with students between the ages of 11 and 14.

A comparison of this cohort, with the state percentages by category, found that students with speech and language impairment were under represented in the sample. However, the sample focused primarily on programs—not services. Since speech therapists were not part of the study, students with speech and language impairments were not proportionally represented in the sample. While students with speech and language impairments represent 25% of the overall handicapped population, they only represent 2% of the students in this study. The other eleven impairments were closely represented in the sample, except for emotional impairment which were over represented. This is due to Michigan's administrative rule requirement that school social workers be involved in all reevaluations of students with emotional impairments.

	Frequency	Valid Percent	State Total	State Percent
Learning Disability (LD)	275	43.8	74,823	42.64
Speech and Language Impairment (SLI)	14	2.2	43,511	24.80
Emotional Impairment (EI)	189	30.1	18,403	10.49
Educable Mental Impairment (EMI)	42	6.7	13,649	7.78
Physical & Other Health Impairment (POHI)	21	3.3	6,436	3.67
Trainable Mental Impairment (TMI)	12	1.9	5,854	3.34
Severe Multiple Impairment (SXI)	4	.6	3,096	1.76
Hearing Impairment (HI)	15	2.4	2,985	1.70
Preprimary Impairment (PPI)	17	2.7	2,315	1.32
Severe Mental Impairment (SMI)	7	1.1	2,069	1.18
Autistic Impairment (AI)	14	2.2	1,342	.76
Visual Impairment (VI)	18	2.9	981	.56
Total	628	100.0	175,464	100.0
(Missing =12)				

Analytic Considerations

Cross tabulations using SPSS were performed, to identify the number of students whose primary handicapping condition changed, and the number of additional medical or debilitating characteristics that were addressed due to the reevaluation. Further analysis examined the time staff spent on completing each reevaluation, whether the evaluation added to their understanding of the student's unique needs, or if any instructional or least restrictive environment (LRE) changes occurred based upon the process, and the effectiveness of the reevaluation process as perceived by the three groups of diagnostic staff. Finally, a spread sheet was used to analyze the cost of the

MET process using the average salary of Michigan teaching staff and the salaries gathered in the study.

RESULTS

Research Question #1—What are the fiscal and human resources involved in the three year reevaluation process?

One of the more important pieces of information collected in this study dealt with the amount of time required to complete a reevaluation. The amount of time per student ranged from 1 to 30 hours; however, 80% of all students had their reevaluations completed by the diagnostic staff person within five hours. See Table 1.

Insert Table 1 about here

The amount of time used to complete the reevaluation and the MET report varied by PHC. The team effort took the greatest amount of time for students with autism, averaging over six hours per student. Students with a severe multiple impairment took the shortest time, averaging less than two hours. On an average, the reevaluation and report took 4.2 hours to complete. However, there was additional variability by diagnostic group: teacher consultants (TC) spent an average of 2.91 hours per reevaluation, school social workers (SSW) an average of 4.70 hours, and school psychologists (PSY) 4.98 hours. See Table 2.

Insert Table 2 about here

The number of educational staff needed to complete the reevaluation and MET report process varied from 4.8 staff for the more physically involved to 3.2. As can be seen in table 3. Completing the reevaluation process for students with visual impairments generally required the fewest number of staff with an average of 3.2.

Insert Table 3 about here

The average salary of staff involved in the investigation was \$42,900 per year. Teacher consultants showed a slightly higher average salary of \$44,000 per year. See Table 4 for the

average salary figures used to project costs.

Insert Table 4 about here

The estimated cost for staff to perform a single reevaluation can be calculated by dividing the average salary of the staff (Table 4) by the total hours per year worked (35 hours per week times 180 days per year) to obtain an hourly rate of pay. Multiply the hourly rate by the average number of hours spent completing the reevaluation (Table 2). Using this formula, the most expensive evaluation per student for a teacher consultant was \$163.15 for students who are trainable mentally impaired. For school social workers, it was \$200.78 per student with a trainable mental impairment. For school psychologists, it was \$337.30 for students with a severe mental impairment. The cost to reevaluate a student with a learning disabilities was: \$103.06 for teacher consultants, \$126.82 for school social workers, and \$163.25 for school psychologists.

To estimate the overall expenses of a reevaluation by a MET, one must multiply the number of hours used to complete a reevaluation (Table 2), by the average number of staff attending each MET/IEP meeting (Table 3), by the average salary of all three groups of diagnostic staff (Table 4), then add the average salary (\$40,100) of a special education teacher, who in Michigan, is required to participate in the process. The overall cost to Michigan is projected, by multiplying the cost per reevaluation by category by one-third of the total population of students in Michigan who must be reevaluated each year. See Table 5.

Insert Table 5 about here

While there are variations in the amount of time and expense involved in completing three year reevaluations for the different PHCs, there appears to be little variation in the number of staff used. A MET must consist of at least two persons to be a team but in most cases usually four staff are involved in the process. The average cost per student reevaluation ranges from \$284 to \$906. The overall cost to Michigan is a little over \$31 million per year. In Michigan, this single rule consumes 49% of the annual funds received under Part B.

Research Question #2—What are the levels of implementation and value of the MET/IEP process perceived by three groups of diagnostic staff?

One implementation question was concerned with whether the MET found new medical conditions which needed to be addressed at the IEP meeting. Surprisingly, 142 or 22.9% of the

students who were reevaluated had new medical concerns. The three PHCs with the most frequent new medical problems were: severe multiple impairment, preprimary impairment, and physical and other health impairment.

A related implementation question dealt with the results of the MET report and whether or not the report was ever presented at the IEP meeting. In 94.2% of the cases, information from the MET report was used at the IEP meeting. It can be seen in table 6 that with reference to 7 of the 12 categorical areas, the MET report was presented at the IEP meeting 100% of the time.

Insert Table 6 about here

Section 300.534(b) of IDEA states that reevaluations can be initiated by three stakeholders: the school district, the teacher, or the parent. The vast majority of reevaluations (86.6%) that were completed, were due to legislation that requires the process. Teachers initiated the process in only 6.1% of the cases, while special requests by a parent were made in 4.3% of the cases. In 87.8% of the cases, the reevaluation was completed within the 36 month time period as required in regulation. When asked what the value of the overall MET process was to the student population, responses tended to rate the value at above average. On a scale from one to five (five being high), teacher consultants ranked the value of the process at 3.68, school social workers at 3.80, and school psychologists at 3.52.

When asked how frequently a reevaluation should occur, the majority (62.5%) of the responses from the three diagnostic groups in the study, felt that students within the *mild impairment categories* (i.e., learning disability, emotional impairment and educable mental impairment) should be reevaluated every three years. Fewer staff (46.1%), felt that students within the *severe impairment categories* (i.e., severe multiple impairment, autism and trainable mental impairment, etc.) should be reevaluated every three years. However, in both cases, the mean, median, and mode reflect a preference that reevaluations occur every three years, as they now do. See Table 7.

Insert Table 7 about here

The overall implementation of the reevaluation process is primarily driven by legislation that requires reevaluation to be performed every three years. Only in very few cases, is the reevaluation request initiated by a teacher or parent. Reevaluations are being performed in a timely manner, within every three years. The study was not concerned with levels of compliance, so the severity of the noncompliance could not be determined for 12% of the reevaluations that occurred beyond timelines; i.e., were they one month overdue or one year overdue? Nor, did the study explore why

the MET report was used in only 73% of the IEP meetings of students with a hearing impairment. Diagnostic staff did not place a particularly high value on the reevaluation process, but it was positively valued. They also felt, the three year period was about the right length of time for reevaluation to occur with students in both the mild and severe impairment categories.

Research Question #3—What are the outcomes of the MET process with regard to the reclassification, declassification, or modification of the handicapped students program?

What major changes to the IEP, if any, occurred immediately following the three year reevaluation? One third of the students, did not experience any change in any educational component of their program as a result of the MET/IEP process. However, approximately 45% did experience a change either in their program, or in the support services they were receiving. See Table 8. The MET/IEP process did not appear to have much impact on a student's curriculum or placement in the LRE.

Insert Table 8 about here

Table 9 provides a more detailed review of major changes by student disability area. Students with emotional impairments, educable mental impairments, learning disabilities, and preprimary impairments tended to experience a good deal of change in their program. While students experiencing a change in their support services were likely to be students with: hearing impairments, physical and other health impairments, and trainable mental impairments.

Insert Table 9 about here

Two questions on the survey related to the student's PHC, i.e., what was it prior to and what was it after the MET/IEP process. First, of the students who were reevaluated, how many had their PHCs changed or were declassified? Second, of the students whose PHC changed, into what impairment category were they reclassified? Overall, 178 or 28.3% of this sample had their PHC changed due to the MET/IEP process. Of this number, 11.6% were declassified and found no longer in need of special education services, 16.7% were reclassified with a new PHC. No students who were classified as having severe mental impairments or severe multiple impairments had their PHC changed as a result of the MET/IEP process. All students with preprimary impairments had their PHC changed.

Insert Table 10 about here

Of the students who changed PHC 15.5% were reclassified with the PHC of learning disabilities, 14.9% with the PHC of emotional impairment and 13.2% with the label of educable mental impairment.

Overall, the MET appears to have little impact on the LRE, length of time in special education, or curriculum. However, at the IEP immediately following the three year reevaluation, major program or service changes were made. The MET appears to have some influence on both declassification and reclassification of students. For example, while an earlier study found that 6% of the overall population were randomly declassified, when the MET is involved, this percentage is near 11.6%. This pattern also appears with reclassification. Overall, the state of Michigan has an 11.9% rate of reclassification; however, when the MET is involved, the reclassification rate is 16.7%.

DISCUSSION

Perhaps it is time, for the special education community to begin a discrete review and a systematic analysis of all the regulations under which it has functioned for the past 17 years. The purpose of such a review and analysis, would be to fine tune the sections of the law that are working and modify or eliminate those that no longer make sense. The reevaluation/MET process is one example of a regulation that is certainly worthy of further investigation. The intent of this study was to initiate a long overdue discussion of a regulation that has had little attention drawn to it, but is valued by professionals, impacts a students program but not their LRE placement and has substantial fiscal impact on special education. In Michigan alone, approximately 57,900 reevaluations take place in school districts throughout the state. Reevaluation should also be occurring each year on one-third of the 4.6 million student students across the nation. While the fiscal results of the study may be generalized to other states, actual cost would have to be adjusted to reflect each state's variation in the average salaries of their staff.

In a deterministic system like special education, predictable outcomes may be possible with models that can be built, tested and used to guide eligibility and placement decision of students with disabilities. However, deterministic systems like special education are subject to the same laws of physics in that they produce both regular periodic behavior, as well as, totally irregular, chaotic behavior. Certainly both occur in the field of special education. Districts vary greatly in how they implement the MET process. One problem is that the MET process appears to take on the attributes of an accountability system rather than those of an instructional/service improvement system designed to ensure appropriate education. Many districts have reduced it to a procedural

process which focuses primarily on ensuring that the requirements—rather than the intent—of the evaluation are met. Under such circumstances, it has become a procedural task. Other districts have relied on the MET/IEP meeting as an opportunity for collaboration among personnel and parents in making the best decisions about the student's program, thus, putting in place a mechanism to monitor the student's program and make needed modifications that are indicated. While the intent of the rule may produce more irregular programming for the student than the letter of the law, it is frequently a more preferred approach that may lead to greater quality in the educational outcomes for students with disabilities.

Citations

Halgren, D. and Clarizio, H. (1993). Categorical and Programming Changes in Special Education Services. *Exceptional Children*, 59(6), 547-555.

Parshall, L. (1991). Status of Former Handicapped Students in Michigan. Michigan Department of Education. March.

Parshall, L. & Nuttall, J. (1992). A Study of the Reclassification of Students in Michigan. Michigan Department of Education. March.

OE/BEH/DAS/ASB. (1976). First Consolidated Draft of Proposed Regulations under Part B of the Education of the Handicapped Act as Amended by Public Law 94-142. August 20, 70.

CEC memorandum. (1976). Council for Exceptional Children response to Mr. Thomas B. Irvin, BEH from Frederick J. Weintraub, Assistant Executive Director. September 3, 12.

CEC memorandum. (1976). Council for Exceptional Children response to Mr. Thomas B. Irvin, BEH from Frederick J. Weintraub, Assistant Executive Director. November 5, 5.

CEC. (undated). Response to 4th draft of proposed regulations. Date unknown, E-14.

Federal Registry. (1976). Department of Health, Education, and Welfare. Office of Education. Education of Handicapped Children and Incentive Grants Program. Vol. 41, No. 252. December 30, 56972.

APPENDIX D: NASP Presentation and Position Statement

Assessment and Eligibility
in Special Education

Problems with Existing System

Category Driven

Traditional Medical Model

Deficit Model

Not Linked to Instruction/Service

Jargon Filled

Parent Absent

Context Absent

Summative Sample

SEA/LEA Variability

Racial and Language Bias

Changes Needed?

In IDEA?

In Regulations?

In SEA/LEA Policies?

In Practices?

Effective Assessment?

Team Problem Solving
Hypothesis Driven Need

Formative

Dynamic

Ecological

Multiple Measures

Multiple Settings

Strength Focus

Utilize Parent Information

Linked to Interventions

Racially/Ethnically Appropriate

Evaluates Special Education
Interventions and Services

Reevaluation

As Needed Not Time-Driven
Team/Teacher/Parent?

Services/IEP

Planning

Special
Transition
Civil Rights

Position Statement

School Psychologists' Involvement In The Role of Assessment

The National Association of School Psychologists promotes educational and mental health services for all children and youth. Assessment, linked to prevention and intervention, is an important part of ensuring that all children and youth receive needed services. School psychologists, through training, continuing professional development, research activities and experience, are experts in assessment. They can provide local education agencies, as well as state education agencies, with the knowledge, skills, and techniques needed to restructure schools in positive ways. Thus, NASP endorses assessment practices that are tailored to the needs of the individual student in the context of a comprehensive delivery system which facilitates educational progress for all children.

Evidence from practice and research indicates that:

- specialized training and skills in areas of psychological and educational assessment are needed by those engaged in such practices;
- assessment and intervention should be designed to produce positive outcomes for the student;
- multidisciplinary team assessment must include multiple sources of information, multiple procedures, and multiple settings in order to yield a comprehensive understanding of student's abilities;
- assessment and intervention must be multidimensional and based on the needs of the student;

- family systems and home environments substantially influence the development of all students and should be addressed in assessment;
- parent-professional and where appropriate student collaboration is crucial to decision making as well as to the identification of students' and families' needs;
- longitudinal assessment is needed to evaluate and document progress or response to interventions; and
- assessment information should guide intervention strategies.

Therefore, the National Association of School Psychologists endorses assessment practices that are:

- linked to efforts to resolve the problem through intervention and/or early intervention;
- based on the characteristics of students and related environments;
- relevant to the referral question;
- comprehensive in addressing the educational, cognitive, and mental health needs of the student;
- directly linked to relevant intervention designs for the student;

NASP Recommendations for Amendments to the Individuals with Disabilities Education Act

General Overview

The National Association of School Psychologists (NASP) strongly supports amending the Individuals with Disabilities Education Act (IDEA, also known as P.L. 94-142) when it is reauthorized in 1995. Although Part B of the law is permanently authorized, NASP believes that the legislation needs to be amended to bring the law up-to-date and to rectify its shortcomings. The original legislation, drafted twenty years ago, remains quite sound although some of its language has negatively affected its implementation and has left many children who have special needs underserved.

NASP believes that the IDEA legislation should be amended to require:

- **a clear picture of the continual problems faced by children with disabilities and families in securing an appropriate educational program within the least restrictive environment;**
- **documentation of the effectiveness of special education and related services programs;**
- **a greater emphasis upon interagency collaboration and funding;**
- **streamlined and more generic eligibility diagnostic categories making them more consistent with other Federal laws;**
- **non-categorical programming - NASP remains opposed to any additional disability categories being included in the existing list of categories and believes these categories should be used for research and evaluation purposes and not for labeling children and programs;**
- **changes in the eligibility assessment process, increasing parent involvement, and, placing greater emphasis upon evaluation of student needs, functioning, instructional experience, connecting assessment to interventions, rather than identifying categories in the diagnostic-eligibility process;**

- reevaluation to be a service, the need of which is determined by the IEP team rather than a time-and-test-driven ritual linked to eligibility and categories;
- preventive use of related services by supporting pre-referral school psychological and other related services for students at-risk of failure to reduce referrals to special education;
- revised requirements in the definition of the IEP which includes focus on greater parent involvement, clearly stated outcomes, services required to improve those outcomes, and interventions specified which would allow children with special education needs to be included in school-wide assessments and programs;
- increased parent involvement in mediation related to disputes; encouraging parents to become partners in the evaluation, IEP and program evaluation process, making the law less "litigious-looking" ; and increasing parent involvement in the planning and learning process;
- the examination and reduction of the over-representation of children from minority groups within certain categorical groupings in special education;
- greater focus on national teacher training to accommodate children with emotional and behavioral problems which block academic and social learning, incentives for training teachers to be knowledgeable in academic content as well as specialized instructional techniques or strategies to address shortages in related services, and on initiatives for recruiting minorities into special education and related services professions;
- integration of Goals 2000, School-to-Work and other legislation with IDEA.

Update the Findings and Purpose of IDEA

The law's statement of "Findings and Purpose" [Section 1400 (b) & (c)] is designed to present the rationale for the Act. IDEA's Purpose was written when many children with disabilities were not permitted to be educated in the public schools and when few school systems had any K-12 programs for most children with disabilities. We cannot allow a regression of this progress if IDEA is to achieve its mandate. We must urge greater progress and the recognition that most students with disabilities can reach national standards, employability and independence within the mainstreamed community. We urge that the "Findings and Purpose" identify current problems which continue to impede the achievement of children with disabilities from reaching these national goals and which require Federal action. These additional findings would be the basis for amending the law.

Problems Identified

The National Longitudinal Transition Study of Special Education Students (SRI International, 1991) indicated that special education and related service programs have failed to adequately serve a significant percentage of youth with disabilities as demonstrated by the study's measures of graduation rate, employment and levels of independence. Furthermore, the arrest rate for students with disabilities was noted to be higher than that of the general school population, with one group showing an arrest rate of 75% within 5 years of leaving school (OSERS, National Forum, 1994). Other studies report serious unemployment rates, as high as 69%, yet improved graduation rates of up to 75% (Louis Harris Poll conducted for the National Organization on Disability, 1994). Still other reports note that children with specific learning disabilities and emotional problems are often forced to fail before they are served under special education and related services (Hehir, OSEP, 1994). These studies and reports have made it clear that measuring the results of special education and related services is critical to determining their effectiveness and designing improvements.

Therefore it is recommended that the Purpose of the Act (Sec 1400 (c).) be amended to state that it is in the national interest to assure that all children with disabilities are educated to the standards set forth by Goals 2000 and related state and local standards set for all students and that assessments of academic functional progress are consistent with those national and state goals.

The Findings and Purpose should include the results of the National Longitudinal Transition Study (SRI International, 1993) and the results of the National Agenda for Achieving Better Results for Children and Youth with Disabilities (OSERS, 1994) which state that:

- A disproportionate number of students with disabilities continue to drop out of school. Overall about 38% of these students drop out. Dropout rates were especially high for youth with serious emotional disturbance, learning disabilities, mental retardation and other health impaired;
- Almost half the students with serious emotional disturbance dropped out of school. After being out of school for up to five years, 75% of these students who dropped out had been arrested;
- Two-thirds of secondary students with disabilities fail at least one course during high school;
- Less than one-third of students with disabilities move into postsecondary education which is half the rate for those in general education;
- Less than half of youth with disabilities who had been out of school for up to two years were competitively employed whereas the rate for their peers was close to 70%;
- Ethnic, race, gender, language and disability bias remain as barriers in the delivery of special education and related services;

- The present infrastructure of services promotes duplication, isolation, competition and bureaucratic procedures that create barriers to effective interagency collaboration;
- The special education programs have not consistently engaged families in a partnership for learning;
- Current financing of the law, and its accountability, is inadequate to meet the goals prescribed within the law;
- Procedural compliance, based upon input rather than output has been unrelated to the Congressional intent of protecting rights of those with disabilities and determining effectiveness;
- Training and dissemination of effective practices remain inadequate to serve these children and families and needs to be focused upon the national agenda for educational excellence for all.

Interagency Collaborative Responsibilities

There is evidence that integrated, interagency services are successful in preparing children for independence and employment as well as for enhancing their quality of life. Reinventing government also calls for efficient, collaborative uses of services. For this to become operational, it will be necessary to change regulations and break down the barriers between health, education and other services, sharing information resources and funding.

It is recommended that IDEA place a greater emphasis upon interagency collaboration, not just at points of transition nor for payment for programs but to provide a more effective service model to increase quality and reduce service redundancy and gaps. This should be included within the Purpose (Sec. 1400.) of the IDEA making the connections to appropriate legislation and services and agencies.

Definitions

The IDEA's section which follows its purpose is the "Definitions" section (**Section 1401.**). This section contains the definitions for terms used in "Part B" of the Act-the mandated section of the law for the provision of special education and related services and the rights to a free-and-appropriate-education (FAPE) within the least restrictive environment (LRE). NASP has several recommendations that we believe will strengthen the Act and refocus resources to better meet the educational needs of children with disabilities.

Labels and Categories

Disability categories such as "specific learning disability" and "mental retardation" have driven the eligibility process into a "medical model" and have not supported the focus upon instructional planning. NASP recommends that the Congress rewrite the definition using generic disability terms rather than the present categories. The generic categories could be

consistent with those used in other laws, such as the Americans with Disabilities Act (ADA), the Rehabilitation Act, or Part H of IDEA. This could reduce the belief that categorical labels, themselves, identify a set of educational interventions or a program. It would reduce the burden upon the individual child and family of determining and redetermining eligibility by disability category rather than finding and implementing the supports that would enable the child to achieve and demonstrate learning and mastery.

These eligibility categories also drive the assessment process toward identifying categories rather than needs and strengths that children have and the learning experiences that they have been exposed to in home and school. The National Association of State Directors of Special Education in its monograph, Assessment and Eligibility in Special Education: An Examination of Policy and Practices with Proposals for Change (July, 1994), prepared for the Office of Special Education Programs, stated, "Because current assessment practices are driven to a large extent by categorical eligibility, professionals must use assessment measures that demonstrate eligibility according to state criteria. Unfortunately, much of what is required to determine categorical eligibility [labels] does not relate directly to areas of student competence, nor does it provide information that is useful for developing appropriate interventions and supports. Categorical eligibility requirements lead to an emphasis on child-related deficits, often restricting a more thorough examination of the environmental contexts that influence learning."

The definition might be changed to read: Children with disabilities means children who have a physical or mental impairment which substantially limits the major life activity of academic, social and developmental learning.

Or the definition might conform to the Part H (Sec. 1472.) Definition reading: Children with disabilities means individuals experiencing disabilities in cognitive, physical, communication, social or emotional or self help skills, or any combinations thereof, as determined by appropriate assessment procedures, which substantially limits the major life activity of academic, social, and developmental learning.

This language would be consistent with the definition in ADA or in Part H of IDEA. The long list of categories presently in the IDEA might be maintained for research, service evaluation and related purposes, which would enable studies to follow specific populations that may require a specific focus. In the second proposed definition the specific categories might be covered within the more generic terms.

Special Education and Related Services

Related services have not always been provided when needed. Surveys by the professions have documented that budget minded administrators have excluded related services, such as psychological services, from consideration. The result has been to deprive some children with disabilities from receiving needed services and, thus, FAPE. The definition of

related services has been interpreted to view these services as only "supportive" to special education instruction in the most limited sense. Yet many of the related services are vital to enabling children with disabilities to be available for learning. Without these services children fail not only academically but socially. The most glaring documented example of reported lack of related services has been seen within the disability category of "seriously emotionally disturbed" which has the highest drop out rate of any disability group and has the highest arrest rate. It is estimated that 85% of this group receives no psychological or counseling services. It has been stated that there is considerable evidence that those who received these services had a higher graduation rate and lower arrest rate (Hehir, 1994). It is believed that a clearer definition of the professional services needed under the law could provide direction to the states and local school systems to better meet the intent of FAPE for these children. We recommend a change in the definition of "special education" and a change in the definition of "related services."

To accomplish this goal the definition of "special education" should include not just "instruction" but other interventions and supports. This will enable schools to view the term more generally and include interventions and paraprofessional support to classroom instruction.

It is recommended that "related services" be limited to direct and indirect services provided by licensed and certified professionals and that it not be grouped with "transportation" and "supports". The definition of related services should include those services already listed such as speech pathology and audiology, psychological services and other professional services. For school psychological services it is recommended that "including consultation, student and parent counseling" be added to help IEP teams focus on these needed services and to prevent the tradition of not providing the services in the IEP. It is also proposed that the addition of "case coordination" be noted for school social workers and that "transition services" be included as part of related services. The definition of professionals qualified to provide related services should, when appropriate, be consistent with definitions of those professions found in other related education statutes including the Improving America's Schools Act of 1994.

Individualized Education Program

It is recommended that the law direct the evaluation of the IEP to enhance the inclusion of children with disabilities within the local, state and national assessments of academic progress and other functional measures of learning used for all students. That interagency collaboration is included, not just at points of transition nor for payment for programs, but to provide a more effective service model to increase quality and reduce service fragmentation, redundancy and gaps; that there be a mechanism for the establishment or continuation of a "family service plan" for children and youth who require such a plan; that there be an active role for parents; and that "short term instructional objectives" be removed from the IEP, which have been found to limit rather than monitor instructional and learning objectives.

Therefore the following definition is recommended: The term "individualized education program" means a written statement for each child with a disability, which is jointly developed by the parents or guardian and, whenever appropriate, the child, and including the child's teacher, a special educator who knows the child and a qualified person (e.g. school psychologist) who has evaluated the child in the instructional setting. When interagency services and responsibilities are part of the IEP, a qualified representative of that agency should be a member of the team.

The IEP should also include statements of the child's present levels of academic, social, emotional, functional and developmental performance. As in the present definition there should be a statement of annual goals, along with educationally sound criteria for evaluating those goals. There should also be information about the interventions tried, including the accommodations necessary which enable the child to participate in school-wide assessments, standards or tests. To make sure that related services are included in the IEP and are evaluated, it is recommended that the IEP include a statement of the specific educational, related and support services to be provided to the child, including interagency services, when appropriate--and the criteria for evaluating the effectiveness of those service interventions. To assure mainstreaming, it is recommended that the definition include a statement as to how the regular education participation of the child is supported by accommodations, related services and support services. To assure a focus upon the child's strength as well as needs, it is recommended that the IEP include a statement as to how these interventions will enable the child to utilize strengths in learning and performance. The sections on transition services and dates of initiation would remain.

Finally, it is proposed that the Part H "family service plan" be extended into Part B for children who need those services to be successful in the primary grades. This will make the transition between infant and toddler, preschool and school program, a smoother process.

Least Restrictive Environment and Inclusion

It is recommended that the Congress include a definition of the "least restrictive environment" (LRE) component of the law in this section and use the term throughout the law where the term "special education and related services" and "FAPE" are noted. This can assist the state and local agencies examine their placement trends in relation to the LRE mandate. The terms LRE and "inclusion" have been used interchangeably. However, some have seen inclusion as meaning that the regular classroom is the only appropriate placement for educating children with disabilities. One-size-fits-all, as a philosophy, seems contradictory to the requirement to do what is necessary to individualize the child's program and guarantee FAPE. A definition of LRE which places the emphasis upon the individual child's social and

emotional opportunities as well as academic learning may enhance decisions based on needs rather than a more rigid interpretation of LRE.

The term "least restrictive environment" could be defined to mean: the environment in which there is the assurance that children with disabilities will be educated with children who are not disabled, within the regular education environment and within the regular assigned school. It must be shown that the setting, services and program are effective and appropriate for the child to learn, and function socially, as noted in the child's individualized education program. A child should not be removed from a regular education environment unless it is demonstrated or apparent to the parent and professionals that a special class or school or other environment will enable the child to receive appropriate academic, social, emotional and functional experiences which are effective and which are unique to that environment and cannot be achieved within the regular environment when a full range of supplementary aids and services, including related services are provided. When a child is removed it should be demonstrated or apparent that the separation from the perceived least restrictive environment is necessary to provide the child the opportunity to maximize social, emotional and academic learning. In other words, restrictive is not always a place but an opportunity. Restrictive placements, which are separate from the regular education environment and which are made without the informed consent of the parent or for the convenience of the education agency should be violations of this requirement.

This should prevent school systems from limiting the provision of supportive and related services to specific settings which force children out of the mainstream.

Yearly Effectiveness Report to Congress

Presently the "Annual Report to Congress" provides data on the numbers of students and their category and placement but provides little year-by-year data on the outcomes of special education and related services programs. It is recommended that this report place a greater focus upon information being reported by the schools to the states about the effectiveness of the special education and related services upon the academic, social and functional progress made by the students served. This would enable the U.S. Department of Education to evaluate the programs and monitor the effectiveness of these programs as they relate to the Goals and related state standards for academic learning, post high school education and employability.

Since this will require more record-keeping and paperwork it is recommended that the process components of IDEA be sampled differently. To reach this objective it will be necessary to establish a mechanism to monitor the process components of IDEA through a sampling of states or local education agencies rather than a yearly, rotating monitoring of one-

third of the states. States that have frequent violations of FAPE within LRE should require intensive monitoring and documentation of effective changes to remedy their violations. A hierarchy of violations might be established and technical assistance should be provided to assist those states in rectifying their violations.

It is recommended that outcome data compiled in the National Longitudinal Study of Outcomes be contained in the report with measurements of standards used to assess academic and thinking skills as well as other measures such as attendance, reported by each state. It is further recommended that these data be reported by the Department in the yearly "Report to Congress." These data should include information about the program and services, and should include necessary child descriptors including ethnic and language breakdowns of the data, in order to assist the Congress in determining if the IDEA is appropriately serving all children with disabilities in a non-discriminatory manner.

Eligibility and Assessment

The IDEA says very little about assessment. What is said is found in "Eligibility" [Section 1412.(5)]. This section states that the procedures must be administered so as not to be discriminatory and be provided in the child's native language or mode of communication. No single procedure can be used to determine a program for a child. The more detailed language that is too frequently over-interpreted by state and local systems is found in the regulations pertaining to assessment.

It is believed that the focus of the assessment needs to be changed and that parents need to be more involved in the process, beyond the required "consent" process. It has been recommended that language be drafted in the law that places a greater emphasis on parent involvement in the assessment process. When children's functioning is evaluated in more than one setting the results can be less biased. This is particularly essential before identifying children as eligible based on cognitive or social-emotional variables. It is also recommended that the assessment process include descriptors of functional behaviors and an analysis of the opportunity to learn that the specific classroom provides to the child suspected of having a disability. Assessment must be connected to the instructional needs and the related interventions designed to assist the child.

It is important to reduce the automatic process of reevaluation every three years. Although the specific reference to reevaluation is not contained in the IDEA it is found within the regulations [34 CFR 300.534(b)]. This process has become an automatic time-line issue, rather than a true protection of the child, whereby the professional conduct a reassessment of the effectiveness of and necessity for the special education and related services program. Research has found that the process does not meet its original intent and syphons off limited service time of related service personnel (such as school psychologists, speech-language pathologists, and others). It is recommended that the regulation be rescinded and it be replaced with a yearly examination by the IEP team of the effectiveness of the special education and

related services program, in partnership with the parents, to determine progress and any changes to the program that are necessary to provide FAPE.

The eligibility and assessment language might include procedures to assure that the evaluation of children suspected of having disabilities include the evaluation of the instructional environment and experiences available or provided to the children within the regular educational program as well as the non-biased "procedures to assure that [testing and] evaluation materials and procedures..." are not discriminatory. The materials and procedures should include appropriate functional and developmental information cooperatively provided by the child's parents. No single procedure, test or test result should be the sole criterion for determining an appropriate educational program for a child. Such materials or procedures shall be provided and administered in the child's native language...etc. The law could also state that the procedures must include observations of the child in multiple environments and the procedures used should be appropriate to assist in the determination of the services and interventions which may be recommended.

Reassessments should be carried out when necessary, using procedures to assist in the determination of what services and interventions should be continued, modified or developed to assure such children a free and appropriate public education.

This language may help assure that assessments and reassessments are connected to the special education and regular education and related services, interventions and instruction which assure the child's FAPE.

Again, the National Association of State Directors of Special Education's monograph on assessment and eligibility recommended that the wording of the regulations be modified to rectify the disability labeling focus, "Although this regulation (34 CFR 300.532) may be intended to promote comprehensive assessment practices, unfortunately it also results in excessive attention to identifying and labeling the disability rather than identifying the child's educationally relevant needs." This proposed amended language for the assessment section may rectify this concern.

Reevaluations should be carried out when the team, including the parents, determines that such reevaluations are required to determine the services and interventions to be continued, modified or developed to assure FAPE. It is recommended that it be noted within legislative report language, that the so-called "three year reevaluation" requirement has not been effective in protecting the rights of children with disabilities. Again, reevaluation should be utilized whenever it is believed to be a needed service to assist in determining if the child is benefiting from special education and receiving FAPE. It is not intended to be the sole requisite for program change or program evaluation when other methods of formative and summative measures are appropriate. As with any other service, reevaluation should be carried out only when it assists the child. Reevaluation assists the child when it provides the team necessary information to better help develop a program which will enable the child to meet academic,

social, emotional, behavioral and other goals as prescribed within the child's IEP or IFSP. Assessment of progress should be a regular, ongoing process which involves all parties who participate in the implementation of the IEP, including regular education personnel, as well as the parents and the child.

Procedural Safeguards

Mediation of complaints should be permitted as a parental option to a due process hearing. The present language of Sec. 1415., "Procedural Safeguards" appears to convey the hearing as the only response to a complaint. This would not replace due process, but would provide parents with an option to request mediation.

Personnel Preparation

It is recommended that personnel preparation funding be prioritized in several areas including shortages, minority recruitment, and up-grading skills. It is recommended that personnel preparation funding be targeted to assist states in reaching the "highest qualified standard" for special education and related services staff. Priority should be placed to fill shortages of teachers for students with emotional and behavior disorders, and for secondary teachers knowledgeable in both content and special education, and qualified related service personnel who know education and their specialty. These positions can be filled by qualified personnel when there is adequate support for persons through scholarships and training opportunities to seek credentials to become qualified. Specialized incentives should be directed toward increasing the minority representation within the professions serving children with disabilities. There should be some documentation of the efforts to recruit minority providers, including those with disabilities.

NASP also recommends that the specific term, "school psychologist" be used in identifying the professional who provides psychological related services. This will reduce the confusion and improper use of the generic term "psychologist" or "psychometrist" currently being used to denote providers of these critical educational services. Too frequently these other titled persons may not be trained, qualified, or equipped to meet the complex educational and mental health needs of children with disabilities or equipped to support their teachers and parents in the children's instruction, social-emotional development and behavior management. The delineation of the specific profession of school psychology would be beneficial in providing effective education-oriented service and can be a cost effective choice. It is also recommended that the Nationally Certified School Psychologist (NCSP) standard be recommended as an example for the states to follow to meet the "highest qualified standard" intention of the Act and to increase the cross-state availability of professionals within this

highly mobile society. Consensus on such standards could help reduce regional and state shortages in related services personnel within this field.

Funding

NASP, through its coalition work, supports full Federal funding of IDEA at 40% of the excess costs, will be supported through the coalitions in which NASP is a member organization. NASP believes that it is in the national interest to increase the Federal contribution of excess costs to 15% for 1996 and reestablish a funding formula toward the 40% goal by FY 2000.

The legislation should encourage the states to develop state funding plans which are "placement neutral" and which encourage adequate funding to meet the children's special education and related services needs. Some state funding formulas continue to provide incentives to local education agencies by paying the excess costs for children placed in more costly separate special education placements while not supporting comprehensive mainstreamed services which can be less costly but may require more than minimal additional costs to the local education agencies. Such funding formulas can drive placement decisions toward removing children from their opportunity to be educated within the least restrictive environment with peers who are non-disabled.

It is also recommended that the Congress urge that all sources of funding for related services be used to meet the needs of these children with disabilities. Services have not been made available to many of our neediest children because the funds were not there to provide these related services. Instruction has been more consistently available and monitored. Medicaid has, in the most recent years, become a source of funding for some related services for a segment of the students in need. It has been estimated that as many as 40% of the children with disabilities are Medicaid eligible. It is reported (NASP Survey, 1994) that twenty-six states have begun to sporadically use Medicaid to pay for school psychological services. As many as 32 states have used Medicaid for some related services. Properly monitored, this new resource could be evaluated in terms of cost effectiveness and its enhancement of education for children. It could also be determined if this funding source increases the availability of comprehensive services and family focused support for learning. It is urged that Congress note this resource and request that this resource be incorporated into the evaluation of special education and related services.

Prevention

Many children begin elementary school without the prerequisites of learning. Some have behavioral blocks to attention and lack the persistence needed to learn basic academic tasks. Others seem confused by the instructional techniques and demands of learning to read, calculate and write. When these children fail they lose self esteem and, gradually, become functionally frustrated. They fall further behind and eventually are referred to special

education. Reports to Congress show that the referral and placement of children into special education peaks at the third grade. These children are frequently categorized as learning disabled or seriously emotionally disturbed. Yet, there is evidence that these children are frequently no different from their peers who are seen as delayed or those in Chapter 1 programs. When programs provide immediate, intensive interventions which address their specific needs in learning and behavior these children do not require special education programs. Schools which provide effective problem solving support for primary grade teachers and permit consultation and support from related service personnel, such as school psychologists, have reduced special education referrals by as much as 90%. Yet, there is no formal mechanism to permit this efficient use of related service professionals. It is recommended that Congress direct discretionary funds to implement comprehensive prevention programs which use related service personnel to reduce unnecessary referrals to special education. An example of this within the Act that addresses prevention can be found in the Programs for Children and Youth with Serious Emotional Disturbance (Sec. 1426.(a)(5)). NASP believes that prevention programs should be broad in scope and should require, when appropriate, mechanisms for combining funds from IDEA and the Elementary and Secondary Education Act and other laws to effect this goal.

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8/19/94